**April** 1997

### In this issue:

- •Doppman honored
- Scanner added
- •Net surfed

# 1 Clinical Center CONS



Dr. Nick Bryan will join the Clinical Center staff later this year.

# Bryan named to radiology post

Dr. Nick Bryan has been named director of the Department of Diagnostic Radiology and Clinical Center associate director for radiologic imaging sciences. In addition to his CC responsibilities, Dr. Bryan will hold a joint appointment with the National Institute of Neurological Disorders and Stroke.

As associate CC director, Dr. Bryan will oversee the Nuclear Medicine Department, the PET Department, and the Laboratory of Diagnostic Radiology Research. That lab, now under the NIH Office of Intramural Research, was established at NIH

See Bryan named, page 7



#### Cell Center opens

Dr. Harvey Klein (left), chief of the Department of Transfusion Medicine, and Dr. John Gallin, CC director, officially opened the cell processing facility with a ribbon cutting and open house last month. The 3,000 square foot lab, created with the help of a cooperative research and development grant from Baxter Healthcare Corporation, will serve institutes conducting protocols here that involve transplantation, immunotherapy, or gene therapy. At far left is Dr. Philip Chen, NIH associate director for intramural affairs.

# Incident bypasses accidental angst through cooperative responses

A construction worker using a back hoe crimped an underground pipe that carries oxygen from storage tanks to the Clinical Center. It was midafternoon on March 3. That accident set into motion a finely choreographed response.

"A worker on the tunnel expansion job was excavating the site near the tanks when he accidentally

pulled on the oxygen supply pipe and pinched a small hole into it," explained Jim Wilson, CC building services manager. Work on the tunnel is focused in an area outside of building 12 and the CC's B1 cafeteria.

The workers immediately called the NIH Fire Department, the CC

See accident, page 7

### from the director

by Dr. John I. Gallin CC director To provide CC departments with an infrastructure that will help streamline their administrative work—that's the short answer to why we recently created the Office of Administrative Management and Planning.

The office's goal is to provide CC departments with a dynamic administrative system. Individual departments will benefit from having a strong central system of support in addition to a network of senior administrative officers and "local" administrative support staff.

This change reaffirms our commitment to:

- •Establishing an administrative career ladder so employees with valuable experience and expertise can be promoted and recruited.
  - •Doing a better job communicating on all administrative issues.
- •Providing consistent training for CC administrative personnel, as well as providing for cross-training and back-up services.
- •Improving efficiency by offering a clearly defined avenue for seeking administrative services.

We also hope to explore new ways to enhance our administrative framework through initiatives such as delegation of authorities and actions under the umbrella of demonstration projects.

I am pleased to announce that Maureen Gormley has accepted the position as chief of this new office. A 10-year CC veteran, Gormley has most recently served as my special assistant. She brings a wealth of experience and knowledge about Clinical Center administrative, fiscal, and planning issues to her new position.

### working

Editor's note: This part of a series of articles on personnel issues is from the CC Disability Employment Program

Do you have a employee, friend, or relative who has a significant disability? If so, you probably see this person as an individual rather than as a person with a disability. You likely have some understanding of that person's capabilities. For many who do not have close contact with a person with a disability, the first experience might be met with anxiety. Learning appropriate terminology to use in referring to people with disabilities is a positive step in overcoming that anxiety.

•Use appropriate language. This is more than a semantic quibble. It's a way of recognizing that people with disabilities are first and foremost people, and should not be defined by their disability. The simplest rule of thumb is "Put People First." Wherever possible, say "a man with a disability," "a woman who is blind," "a child with mental retardation," or "a job applicant with a hearing loss."

Terms like "disabled employee," "wheelchair user," and "deaf woman" are usually regarded as acceptable. But phrases like "the disabled," "the handicapped," and "the retarded" are not. They emphasize labels, not people

•Apply common sense. Don't create superhumans. People with disabilities have the same range of talents and dispositions as nondisabled individuals. Portraying people with disabilities as superstars creates unfair expectations.

•Don't sensationalize. Avoid emotion-laden phrases like "afflicted

with," "suffers from" and "victim of."

•Avoid euphemisms. Most people with disabilities dislike euphemisms because they suggest a refusal to accept one's disability. A phrase such as "differently abled," for example, is usually considered condescending.

In the end, guidelines like these are nothing more than good common sense, but they can make a difference in whether an employee with a disability feels comfortable and welcome. Putting people first is simple respect. It announces that you see the person, not the disability.

For further information on the CC Disability Employment Program, contact Jerry Garmany, program coordinator at 496-9100 (TTY) through Maryland Relay Service at 1-800-735-2258, or e-mail jgarmany@pop.cc.nih.gov.

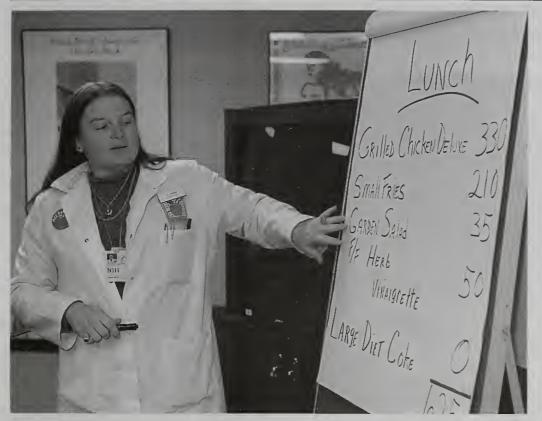


Editor: Sara Byars

Staff Writers: Laura Bradbard, Sue Kendall

Clinical Center News, Building 10, Room 1C255, National Institutes of Health, Bethesda, Maryland 20892. (301) 496-2563. Fax: 402-2984. Published monthly for CC employees by the Office of Clinical Center Communications, Colleen Henrichsen, chief. News, article ideas, calendar events, letters, and photographs are welcome. Deadline for submissions is the second Monday of each month.





#### Healthy choices

It's all about making healthy choices and the Clinical Center's dietetic interns talked about how to make them during presentations last month, National Nutrition Month. Interns Susan Hodge, Janice Madden (pictured), and Marion Vetter covered topics such as moderation, facts about fast food, and how to modify recipes for those attending the sessions in the Visitor Information Center's Little Theater.

#### briefs

### Translators needed

Are you fluent in Hungarian, Thai, Dutch, or Cambodian? If so, call Volunteer Services. They maintain a listing of NIH employees who are willing to periodically provide brief foreign language interpreting services for CC patients. Interested? Call 496-1807.

NIH opens doors to kids April 24

The NIH Take Your Child to Work Day is set for Thursday, April 24. It's an opportunity to show your child what you do at work and help them learn more about biomedical research. There will be preregistration for those activities with space limitations. Watch for flyers.

**Show premiers** 

Reserve your tickets now for "Too Marvelous for Words," a celebration of the lyrics of Johnny Mercer. It's presented by the Bethesda Little Theatre, formerly the NIH R&W Theatre Group.

Performances in Masur Auditorium are set for May 2, 3, 9, 10, 16, and 17 at 8 p.m. and May 4 and 11 at 3 p.m.

Call Elaine Hughes at 589-0720 for ticket information.

### Event to honor **CC** volunteers

Volunteer Services will host their 14th annual awards ceremony April 29 at 11:30 a.m. in Lipsett Amphitheater. This year's theme is "Volunteers: Make it Happen."

### June auction will benefit PEF

Plan ahead and mark your calendar for June 3. That's the date for the annual Patient Emergency Fund auction. It's set for 11 a.m.-2 p.m. in the Visitor Information Center. The event features a silent auction with gift certificates for dining, great escape weekends, and all sorts of services. R&W staff can help individuals and offices purchase tickets to a big game or popular show to donate.

All proceeds benefit the Patient Emergency Fund, which provides

emergency financial help for patients here. Call Karen at 496-6061 for more information.

### Noon-time series focuses on money

Learn to manage your money more profitably at a new Employee Assistance Program (EAP) workshop series that will cover spending, debt, investing, and how to live more cheaply in the Washington area. Guest speakers will offer these presentations Thursdays at noon:

 Making Sense of Money Madness—The Psychology of Why We Spend, April 10;

•Getting Out of Debt—How to Clean Up Debt or Credit Problems, April 17;

•Ways to Live Cheaply in the Washington Metro Area, April 24;

•The ABC's of Investing, May 8. No registration is necessary. Sessions are in the Little Theater of the Visitor Information Center. For more information call the Employee Assistance Program, 496-3164.

### cc people

# Appointed to board Newly appointed to the CC Board of

Governors are (center) Dr. Mary Sue Coleman and Dr. Charles K. Francis.
Dr. Coleman is president of the University of Iowa. Dr. Francis is professor of clinical medicine at the College of Physicians and Surgeons at Columbia University and director of the Department of Medicine at the Harlem Hospital Center. With them are Dr. John Gallin, CC director, and John Finan, the board's chairman.
HHS Secretary Donna E. Shalala made the appointments.



Dr. John L. Doppman, acting chief of the Diagnostic Radiology Department, was honored last month by the Society of Cardiovascular and Interventional Radiology.



Society honors CC's Doppman

Dr. John L. Doppman, acting chief of the Diagnostic Radiology Department, has received the prestigious Gold Medal Award from the Society of Cardiovascular and Interventional Radiology.

The society's announcement noted, "Gold Medal recipients exemplify those individuals who have dedicated their talents to advancing the quality of patient care through the practice of interventional radiology and who, by their outstanding achievements, also help ensure the future of the field.

"[The medal honors] those innovative scientists and radiologists whose leadership and dedication have fortified the field of interventional radiology."

The award, given during the society's meeting in Washington last month, recognizes exceptional service to the field of interventional

radiology. Only four have been awarded. Dr. Doppman, author of more than 475 scientific articles, is a former president of the Society of Cardiovascular and Interventional Radiology.

# Director names new special assistant

Jane Loewenson has been named special assistant to the CC director. Dr. John Gallin, in making the announcement, noted that Loewenson is a former NIH presidential management intern who served as a policy analyst through a series of assignments here.

She later worked on the staff of Sen. Christopher J. Dodd where she directed legislative initiatives and advised on health care, welfare reform, and children's issues.

She's a graduate of Brown University and earned a master's in public policy from the Kennedy School of Government at Harvard.

# Second whole body/brain scanner added

The PET Department's second General Electric (GE) Advance positron emission tomography (PET) scanner has arrived and is being assembled.

After a month of acceptance testing, it should be available for use in the more than 50 PET protocols by the end of April.

This new machine is identical to a whole-body/brain GE machine now in operation in the PET Department. It was purchased in less than one year through the efforts of Dr. Margaret Daube-Witherspoon and Lynda Ray of the PET Department and Johnnie Rice and Patrick Williams of the Office of Procurement Management.

Having two identical whole body/brain machines will increase the scheduling flexibility and decrease the training for both the technologists and the investigators.

These two machines acquire true three-dimensional volume information by collecting decay events over larger angles than offered by the the older, two-dimensional PET scanners in the department. This improves image quality while allowing less radioactivity to be administered, which permits more studies per scan session.

PET is a method of imaging the body's physiologic functions, such as



The PET Department's second positron emission tomography scanner is being installed and expected to be in operation by the end of April. Dave Charbonneau (right) of General Electric, the machine's manufacturer, points out features to (from left) Paul Baldwin, chief PET technologist, and Dr. William Eckelman, department chief.

blood flow and metabolism. It works like this: Patients are given a short half-lived radiopharmaceutical. The radiopharmaceutical contains a radioactive atom that is produced by a cyclotron. This substance, also called a radionuclide, emits positrons.

As positrons emitted from the radionuclides encounter electrons in the body, they produce high-energy photons that can be traced by radiation detectors surrounding the

By evaluating the concentrations of positron-emitting radionuclides in the body, physicians can study such functions as blood flow or how the brain metabolizes glucose.



#### Surfing lessons

Brittany Hayes had a lesson in surfing the net for health information with Mina Jain, a physical therapist in the Rehabilitation Medicine Department. Computers were set up for searching during a children's party, one of a series of events presented by NIH pediatric staff in recognition of Children and Healthcare Week during March.

### 'Greek Connection' serves CC's international patients

What began as a friendship between two doctors ended as an international health partnership between the Clinical Center and the country of Greece.

In the 1960s, a time when openheart surgery was unavailable in Greece, children with congenital heart defects came to the Clinical Center for treatment. Many of these children and their families had never been out of their villages, had never flown on an airplane. Often the families made the trip with very little money, unable to speak English, and frightened that their child would not survive. Without the help of CC volunteer Julia Plomasen, a native of Athens, many of these families would not have come to NIH. Working as interpreter, she was the link between Greek patients and CC physicians.

"It was very hard for many of these families to leave home. They didn't speak the language, they didn't understand the American culture, and they needed a place to live while their family member was treated. They needed help buying food and adjusting to a foreign country."

To alleviate some of the adjustment problems, St. George's

Greek Orthodox Church first renovated a building on their property on Bradley Boulevard and made it into a home away from home for Greek patients and their families. Later when the church expanded, a new house was built and donated. Named Kollecas House after the builder's parents, it's simply called, the Greek House. Over the 27 years that Plomasen worked as CC interpreter, six

years as an volunteer

and 21 as an employee, she has seen hundreds of families benefit from treatment here. At the height of the program in the mid-1980s as many as 80 to 90 families a year came from Greece for heart surgery, cancer treatment, and other conditions.

As the Greek connection, Plomasen is the voice in many emotional situations. She often held hands with the children, calmed them,



Julia Plomasen, a CC volunteer, has become the Greek connection for hundreds of CC patients.

and explained what was happening as the anesthesia took hold, then she sat and waited with the families during the surgery.

One child in particular stands out in Plomasen's mind—a leukemia patient who stayed at the Greek House for four years while undergoing treatment. She arrived as a very sick two-year old and left cancer-free and bilingual. This past Easter, Plomasen returned to Greece where she planned a visit with the young woman, now a college student studying foreign languages. "I've been very happy working here,

"I've been very happy working here helping the hospital take care of my people. They leave blessing the people who work here."

Five years ago 70-year-old Plomasen retired from her interpreter's job, but she still comes back as a volunteer whenever she is needed.

What began decades ago as a partnership between the Clinical Center and a Greek interpreter, continues now as an international friendship.

-by Laura Bradbard

### Handiwork

Eighty-two-year-old Virginia Via has been a CC patient five times since 1992—90 weeks altogether. Not one to waste her time, she crocheted 18 afghans during her visits to 3 East. As she prepared to return home to Benedict, Maryland, Via took a moment to show her latest accomplishment.

(Photo by Bill Branson)



### Bryan named to CC and NINDS posts

(Continued from page one) in 1989 to focus efforts in basic research in medical imaging and to supplement teaching programs in imaging research.

Dr. John Gallin, CC director, announced the appointment saying, "Dr. Bryan brings enormous experience and energy to this position, expertise that will enhance the Clinical Center's contributions to research in and clinical applications of the imaging sciences. His joint appointment with NINDS highlights an NIH commitment to collaborations in clinical research."

"I'm very excited about this new opportunity to grow and expand radiology programs at the Clinical Center and intramurally at NIH," Dr. Bryan said. He will join the CC staff part-time on July 1 and full-time in January.

Dr. Bryan, whose primary research interests are stroke and functional brain imaging, has served since 1988 as professor of radiology and neurosurgery and director of the neuroradiology division at Johns Hopkins University School of Medicine. He has been a professor of otolaryngology-head and neck surgery there since 1990 and was a Fulbright senior scholar in Marseilles in 1994-1995.

After pre-med work at Hopkins, Dr. Bryan earned the M.D. and Ph.D. degrees from the University of Texas Medical Branch.

After an internship and residency there, he held an NIH postdoctoral fellowship in neuroanatomy at the Marine Biomedical Institute and an NIH special fellowship in neuroradiology at the Neurological Institute of New York.

Prior to his Hopkins appointment, Dr. Byran was at Baylor College of Medicine where he directed the Biomedical Nuclear Magnetic Resonance Center, served as professor of radiology, and as professor in the Center for Biotechnology.

He also directed MRI services at the Methodist Hospital in Houston.

A past president of the American Society of Head and Neck Radiology and of the American Society of Neuroradiology, Dr. Bryan is on the board of directors for the Radiological Society of North America. He is on the editorial board of the Journal of Magnetic Resonance Imaging, deputy editor of the American Journal of Neuroradiology, and on the editorial advisory board of Neuroscience Forum.

## accident tests mettle of NIH cooperation

(Continued from page one) Maintenance Unit, which is a part of the NIH Division of Engineering Services, and CC building services and safety staff. All rushed to the scene.

After an on-the-spot assessment, key CC departments were notified. Respiratory Therapy evaluated the

hospital's oxygen needs. Materials Management Department staff began rounding up gas cylinders to feed the back-up supply system. Plumbing shop workers temporarily patched the leaking pipe. All that took about 30 minutes.

An oxygen tanker truck was dispatched—the closest one available was from Delaware—and MMD staff delivered extra gas cylinders where they were needed should the gas pressure drop.

Workers initiated a permanent repair, and an inspector, the closest one available, rushed up from Richmond to certify that the work was properly performed and the oxygen safe for patients.

If anything could be characterized as a glitch, it was in reporting the extent of the problem. Some patient-care areas got conflicting information from hospital staff.

"Communications are usually the most difficult part of an emergency, but they are critical," noted Dr. Michele Evans, CC environmental safety officer, "and we are working on ways to improve communications."

Everyone did what they were supposed to do, but rarely get a chance to demonstrate. "Thanks to everyone working on solutions, the pipe was repaired without an interruption of patient care," she added.

### Mobile mammography offered

The George Washington University (GWU) Breast Care Center will be on campus later this month to offer mobile mammography screening.

The van will be in parking lot 31D on April 29; in the back parking lot on Executive Blvd., on May 6; at the corner of Service Road and West and South Drive near the Clinical Center on May 8; and at Natcher's front entrance on May 14.

The NIH Worksite Health **Promotion Action Committee** arranged the screening for employees and their families.

The GWU Breast Care Center will send a report of the results to the person being screened and the individual's doctor, and will make appropriate referrals to the GWU Medical Center System for those who need and want it.

Each appointment should take about 20 minutes. The \$75 fee can be paid by check or credit card at the time the mammogram is performed.

Receipts will be available to submit to insurance companies for reimbursement.

To schedule an appointment or ask questions about the Breast Care Center and mobile mammography program, call 202-994-9999.

### april

Grand Rounds
noon-1 p.m.
Lipsett Amphitheater
Focus on Telemedicine:
Medicine—2001, Richard M.
Satava, M.D., Yale University
School of Medicine; The
Information Revolution's Impact
on Health-Care Delivery, Jay
Sanders, M.D., President,
American Telemedicine
Association

Wednesday Afternoon Lecture 3 p.m.

Masur Auditorium
Secrets of Sleep: Molecular
Mechanisms of Sleep-Wake
Regulation, Osamu Hayaishi,
M.D., Ph.D., Karolinska Institute,
Sweden. This is the Tenth Paul
Ehrlich Lecture

Monday Afternoon Lecture
3 p.m.
Masur Auditorium
Growth Factor Signaling via
MAP Kinases: Specificity and
Spatiotemporal Action, Jacques
Pouyssegur, Ph.D., Universite de
Nice, France, and winner,
Lounsbery Award of the
National Academy of Sciences

Grand Rounds
noon-1:30 p.m.
Lipsett Amphitheater
Gene Transfer to Hemapoletic
Stem Cells: Progress and
Problems, Cynthia E. Dunbar,
M.D., NHLBI; Virtual
Endoscopy Update, Ronald M.
Summers, M.D., Ph.D., CC

These rounds are part of the *CenterNet* broadcasts to medical schools and hospitals across the country.

Wednesday Afternoon Lecture 3 p.m.
Masur Auditorium
Regulation of Cell Fate in the Germ Line of the Nematode
Caenorhabditis elegans, Judith Kimbel, Ph.D., University of Wisconsin-Madison.

Thursday Afternoon Lecture 3 p.m.

Masur Auditorium

Lymphocyte Survival, Harald von Boehmer, M.D., Ph.D.,

Descartes University, Paris. This is an NIH Director's R.E. Dyer Lecture

Grand Rounds
noon-1 p.m.
Lipsett Amphitheater
Chronic Hepatitis C: Natural
History and Implications of
Therapy from a Pathologist's
Viewpoint, David E. Kleiner,
M.D., Ph.D., NCI; Should
Athletes with Hypertrophic
Cardiomyopathy Participate in
Sports?, Lameh Fananapazir,
M.D., NHLBI

Wednesday Afternoon Lecture 3 p.m.
Masur Auditorium
How Myosin and Kinesin
Motors Move, Ronald A.
Milligan, Ph.D., The Scripps
Research Institute

Grand Rounds
noon-1 p.m.
Lipsett Amphitheater
New Directions in Ex Vivo Cell
Processing for Cellular
Therapies, Elizabeth J. Read,
M.D., CC; Enzyme Replacement
Therapy for Gaucher Disease
and Fabry Disease, Roscoe O.
Brady, M.D., NINDS

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium
Endocytosis: Mechanism and

Endocytosis: Mechanism and Subversion, Frances M. Brodsky, D. Phil., University of California, San Francisco, School of Medicine

Clinical Staff Conference noon-1 p.m.
Lipsett Amphitheater
Viral Monitoring and
Antiretroviral Therapy, H.
Clifford Lane, M.D., NIAID, and Henry Masur, M.D., CC, moderators

Wednesday Afternoon Lecture 3 p.m.
Masur Auditorium
Combinatorial Mechanisms for
Specific Gene Activation in
Response to Extracellular
Signals, Tom Maniatis, Ph.D.,
Harvard University

### CC sets seminars on diversity

We are members of an increasingly diverse society, diversity that's reflected in the CC patient and staff populations. A CC seminar offered this month will offer the chance for employees to learn more about the dimensions of diversity and effective communications among individuals from different backgrounds. Preregistration for this one-hour class is not required. Attendance is expected and will be documented, planners note. Sponsors are the Office of Equal Employment Opportunity, the CC Office of the Director, and the Office of Human Resources Management's education and training section.

### Schedule:

April 16	8-9 a.m. 9:30-10:30 a.m. 11 a.mnoon	Masur Auditorium Masur Auditorium Masur Auditorium
April 17	8-9 a.m. 9:30-10:30 a.m. 11 a.mnoon 1:30-2:30 p.m. TBA 4:30-5:30 p.m.	Masur Auditorium Nursing Board Meeting, Lipsett Masur Auditorium Masur Auditorium Department Heads Meeting Masur Auditorium
April 21	7-8 a.m. 8:30-9:30 a.m. 10-11 a.m.	Lipsett Amphitheater Lipsett Amphitheater Lipsett Amphitheater

Call 496-1618 for more information.